2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008114

Entity Name: SHRM JACKSONVILLE, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
7617 WEXFORD CLUB JACKSONVILLE, FL 32			
Current Mailing Address:		New Mailing Address:	
7617 WEXFORD CLUB JACKSONVILLE, FL 32			
FEI Number: 41-2075812	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEIGH, MILLS 7617 WEXFORD CLUB DRIVE WEST JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ROBIN, BULLOCK ROBIN, BULLOCK Name: Name: Address: 7617WEXFORD CLUB DR, W Address: 7617WEXFORD CLUB DR, W City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 Title: PD Title: (X) Change () Addition () Delete Name: LANG, MARIA Name: SCOTT, CHRIS Address: 7617 WEXFORD CLUB DR. W Address: 7617 WEXFORD CLUB DR. W City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 Title: TD () Delete Title: () Change () Addition MILLS, LEIGH Name: Name: 7617 WEXFORD CLUB DRIVE WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: () Delete Title: Title: () Change (X) Addition Name: Name: MANNEL, KELLY 7617 WEXFORD CLUB DRIVE WEST Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIGH MILLS TD 04/28/2009